TOWARDS A SPIRIT AT PEACE
UNDERSTANDING THE TREATMENT OF SHEN DISORDERS WITH CHINESE MEDICINE

PART 5
Acupuncture Treatment Protocols

ACUPUNCTURE FOR SHEN DISORDERS

The effective points described in Chapter 4 are combined in various patterns to yield treatments for particular shen disorders and to meet the requirements of individual patients. In the majority of cases, it can be said that shen disorders are treated by a combination of local points (that is, points of the head and neck, especially GV-20 and sishencong at the top of the head, GV-14 and GV-15 at the neck—where the meridian enters the brain; and GV-23 and GV-26 at the face) plus distal points, with a focus on points of the wrist/hand and ankle/feet. Presented here are some point groups from published reports of treatments proclaimed effective.

PROTOCOLS:
TREATING CHILDREN

Disorders of the mind and spirit frequently appear early in life. Today, it is suggested that these are caused by genetic defects, by early trauma to the head or nervous system, or exposure during the neonatal months or early infancy to chemical or other influences that may cause changes in brain function. According to traditional Chinese medicine, the inborn problems are said to be due to essence deficiency, while the other potential causes are basically the same as described in modern medicine, even though they may be visualized differently.

The modern Chinese medical literature includes a number of reports of treating children with acupuncture. This approach may not be easily applied in the West, because both children and their parents are less likely to be willing to participate in pediatric needling as a therapeutic method. However, the point selection should be informative in guiding practitioners seeking to treat disorders either in children, young adults, or adults. Thus, the following presentation is especially focused on the point selections.

Patients with childhood epilepsy (ages 5-16 years) were treated to control symptoms immediately (effects of acupuncture reported to occur within 10 minutes) at the Hospital for Mental Diseases in Anhui Province (1). Treatment involved the following collection of points as the main ones from which selection was made: renzhong (GV-26), baihui (GV-20), yintang (M-HN-3), fengchi (GB-20), jianshi (PC-5), daling (PC-7), shenmen (HT-7), hegu (LI-4), guanyuan (CV-4), fenglong (ST-40), sanyinjiao (SP-6), yongquan (KI-1), and taichong (LV-3). Treatment surrounding baihui was done by threading the needles, somewhat like the method of scalp acupuncture. The author reported: “We found the method very effective in treatment of neural and psychic diseases.” The physicians also used blood letting at the fingertip points (shixuan, M-UE-1).

A study of acupuncture for pediatric cerebral palsy was reported by the Children’s Hospital at Shanghai Medical University (2). The 117 children treated were 10 years and under, mostly in the range of 3-7 years. The main points selected were yamen (GV-15), dazhui (GV-14), fengchi (GB-20), shenshu (BL-23), neiguan (PC-6) and zusanli (ST-36). Auxiliary points could also be added. Injection of fluids (glutamine solution or a combination of blood vital-
izing herbs) into the head points was used. Significant improvement was claimed for just over half of the patients. The authors pointed out that the points shenshu and zusanli were selected to tonify the kidneys and benefit the marrow (brain).

Several of the points were treated by acupuncture through to a nearby point, such as neiguan through to waiguan, or houxi. The authors claimed that all patients were cured by the treatment, though the condition recurred in 11 cases of 53, which could then be controlled by 1-2 courses of treatment (a course lasted one week to one month, depending on the patient, with daily acupuncture).

Tourette’s syndrome in children aged 6-15 was treated at the affiliated hospital of the Tianjin College of Traditional Chinese Medicine (3). The patients were divided into two groups depending on whether they were classified as having yangming stagnant heat (66 of the patients), in which case the main points used were nei ting (ST-44), quchi (LI-11), pianli (LI-6), and sibai (ST-2), or if they had deficiency of kidney and heart (90 of the patients), in which case the main points used were yamen (GV-15), lianquan (CV-23), shenmen (HT-7), and fuliu (KI-7). According to the report, 73% of the 156 patients were relieved of the syndrome with ability to terminate previous medication.

Mental retardation in children aged 8-14 was reported by the Institute of Acupuncture at the Academy of Traditional Chinese Medicine (4). Three groups of acupuncture points were selected and each group was applied once every other day during the course of a month, followed by the second group the second month and the third group during the third month:

- baihui (GV-20), sishencong (M-HN-1), shenmen (HT-7), and taichong (LV-3);
- fengfu (GV-16), shangling (GV-23), tongtian (BL-7), daling (PC-7), and kunlun (BL-60);
- scalp points in the scalp acupuncture zones, neiguan (PC-6), and zhaohai (KI-6).

The effects of treatment were relatively modest, with 9 of 128 cases showing marked effect, but any improvement that was noted (about 2/3 of cases had some improvement) appeared to be retained over the follow-up period of one year. Regarding the selection of points, the authors stated:

Since the lesion of mental retardation is in the brain, the acupoints in the head and neck regions are selected for its treatment. The governing channel goes into the medulla and brain as the sea of yang channels, and the bladder channel goes into the brain from the top. Besides the mental and physical development of children are also related to the heart, kidney, and liver, so effective acupoints on the governing, bladder, heart, liver, and kidney channels are selected for regulating the visceral functions to promote the brain functions.

**Protocols: Depression, Neurosis, Schizophrenia, and Other Disorders in Adults**

The use of the group of points surrounding baihui (GV-20), called sishencong (M-HN-1), was the subject of a report from the Hospital of Scalp Acupuncture in Anhui Province (5). Six cases were cited as examples of successful protocols, including headache and Meniere’s syndrome, and the following that fit the subject of the current article:

- Schizophrenia: sishencong (M-HN-1), sanyinjiao (SP-6), and taichong (LV-3);
- Neurosis: sishencong (M-HN-1), renzhong (GV-26), anmian (N-HN-54), neiguan (PC-6), sanyinjiao (SP-6), and taichong (LV-3).

The points baihui plus sishencong were recommended by Ding Dezheng, at the Department of Psychiatry at the Zhuji Health Centre, in Henan, who reported on his experience treating various mental diseases (6). He noted that these points “raise the lucid yang and tranquilize the mind.” He indicates them especially for depressive psychosis manifested by sadness, worry, grief, sorrow, and disinclination to life due to extreme sorrow.

Other acupuncture treatment strategies were also reported as useful. For example, a study on treatment of schizophrenia, involving acupuncture and herbs, was conducted at a hospital in Mongolia (7). Acupuncture was performed with three groups of points, with one group treated each day consec-
ultively, then repeated. The point groups were:
renzhong (GV-26), shangxing (GV-23), neiguan (PC-6), and xuanzhong (GB-39);
yintang (M-HN-3), hegu (LI-4), yanglingquan (GB-34), and taichong (LV-3);
baihui (GV-20), shanzhong (CV-17), quchi (LI-11), and Yongquan (KI-1).

Anxiety neurosis was treated at the Qindao Medical University using acupuncture in 80 patients, some of which were young students (aged 18 or over), but most were older workers, up to age 72 (8). The main points used were zusanli (ST-36), neiguan (ST-25), taichong (LV-3), shenshu (BL-23), mingmen (GV-4), and quchi (LI-11). Treatment was every other day for 10 treatments, with a break of 3-7 days before beginning another course of treatment, up to 40 treatments. The therapy was reported to be highly effective, with 55 of the patients showing obvious alleviation of symptoms.

Dementia due to traumatic injury to the head was treated at the General Hospital of Chengdu (9). 32 patients were treated by acupuncture, which was initiated one to three months after the traumatic event. Two main points were used: shenmen (HT-7) and houxi (SI-3). It was reported that 15 of the patients showed marked improvements after 20 daily acupuncture treatments.

### Table 1: Summary of treatment methods and results for senile dementia from translated Chinese medical journal reports published 1996-1998. Various adjunct points were used for some patients.

<table>
<thead>
<tr>
<th>Study Group and Treatment Duration</th>
<th>Main Points Used</th>
<th>Outcome Measures Claimed Results</th>
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<tbody>
<tr>
<td>40 patients aged 60-88; treated every other day for 30 treatments (10).</td>
<td>shenting (GV-24), shenmen (HT-7), jianshi (PC-5), hegu (LI-4), zusanli (ST-36), sanyinjiao (SP-6), taichong (LV-3)</td>
<td>Improved symptoms, mainly vertigo, dizziness, headache, palpitation, fidgets, and numbness of limbs. Improved score on mental health exam.</td>
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<tr>
<td>26 patients aged 61-87; 10 consecutive days; 2 days break; total of 35 treatments (12).</td>
<td>shigou (GV-26), baihui (GV-20), dazhui (GV-14), fengchi (GB-20), neiguan (PC-6), taixi (KI-3), xuanzhong (GB-39).</td>
<td>Mental state recovered in 9 cases, improved markedly in 11 cases.</td>
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<tr>
<td>46 patients with history of cerebrovascular disease aged 53-80; 5 consecutive days treatment; 2 days break; total of 35 treatments (12).</td>
<td>sishensong (M-HN-1), fengchi (GB-20), neiguan (PC-6)</td>
<td>Mental function assessments improved significantly; reduction of blood free-radicals. Short marked improvement in only 2 cases.</td>
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<tr>
<td>29 patients, aged 55-83; 28 consecutive days treatment; break of 3-5 days, then up to 5 times (13). total of 32-40 treatments (11).</td>
<td>fengfu (GV-15), dazhui (GV-14), neiguan (PC-6), shenmen (HT-7), hegu (LI-4), adjunct points: zusanli (ST-36), jiexi (ST-41), taichong (LV-3), fenglong (ST-40), xinshu (BL-14), ganshu (BL-18), and baihui (GV-20)</td>
<td>Marked improvement in mental functions in 5 patients. Some changes in CT scan and blood lipids repeat (improvements).</td>
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</table>
The data in the table illustrates that the number of acupuncture treatments is at least 30, and the frequency of treatments is daily or every other day, with short breaks of 2 or more days between groups of daily treatments. Improvements were noted in several measures for the patient groups overall; marked effectiveness (substantial and obvious improvement) from the treatment, usually did not involve more than one-third of patients.

Acupuncture was applied in the treatment of depression and psychosis in older patients at the Institute of Mental Hygiene in Beijing (14). The patients were aged 50-74 and suffered from conditions such as manic-depressive psychosis, reactive psychosis, and neurosis. The treatment focused on baihui (GV-20) and yintang (M-HN-3), using electroacupuncture stimulation. Of 30 patients treated, it was claimed that marked effects were observed in 19 (about 2/3). The claimed improvements were in depressed mood, suicidal intention, anxiety, insomnia, and irritability, as well as alleviation of some accompanying physical symptoms.

Post-stroke depression was treated at the Qiaoli Hospital of Traditional Chinese Medicine in Zhumai (15). A group of three needles was inserted along the hair line, with one in the center at shenting (GV-24) and the others on either side by about 10 cm, at benshen (GB-13). Additionally, three needles were applied to wrist/hand on each side: neiguan (PC-6), shenmen (HT-7), and laogong (PC-8). Adjunct points were used according to syndrome such as qihei (CV-6), zusanli (ST-36), and sanyinjiao (SP-6) for qi and yin deficiency, or the combination of fengchi (GB-20), taichong (LV-3), and baihui (GV-20) for wind-phlegm disorder. The authors commented that:

The influence of depression on patients after stroke is sometimes more serious than the functional disturbance of the limbs and can impact the progression and prognosis of stroke. Many antidepressant drugs produce several severe side effects and the patients had difficulty tolerating those therapies. The ‘three intelligence needles’ [scalp points] and hand intelligence needles [forearm/hand points] are frequently used for the treatment of post stroke disorders and also for weak mental function in children by professor Jin Rui at Guangzhou University of Traditional Chinese Medicine. The intelligence needles at the head directly impact the functional activity of the cerebral frontal lobe and the mind and check the liver and calm wind. The hand points are the important ones for treatment of mental diseases: they can regulate the mental state, open orifices, tranquilize the mind, clear the pericardium, and help sleep. Acupuncture can improve the blood flowing in the brain or can promote absorption of hematoma in the brain, leading cerebral cells to be awakened and to gain recovery of functions, speeding up the repair of the injured brain tissues. Acupuncture can also promote release of a large quantity of serotonin in the brain and noradrenalin in the spinal cord.

Protocols: Use of Renzhong with Neiguan

In recent reports on treatment of depression, anxiety neurosis, and other mental disorders, emphasis has been placed on using the combination of renzhong (GV-26) and neiguan (PC-6) with a small number of other points to attain a positive response. Some treatments involving these two points were already mentioned above.

An example is a protocol for depression after stroke, reported by Wang Hairong at the Tianjin College of Traditional Chinese Medicine (16). There were 140 patients treated, with 86 cases of infarction and 54 cases of hemorrhage. Patients received acupuncture treatment every day for 2-3 courses of treatment lasting 10 days per course. The main points treated were renzhong (GV-26), neiguan (PC-6), shenmen (HT-7), and taichong (LV-3). Secondary points were treated according to the basis of depression, such as liver qi stagnation; qi stagnation transformed to fire syndrome; deficiency of heart and spleen; or for accompanying mental disturbance. The authors concluded that:

The present study has proved that acupuncture is very effective for treating the depressive syndromes after cardiovascular accident, with a total effective rate of 87%. Renzhong (GV-26) when punctured with the reducing technique may bring back the consciousness, strengthen the brain functions, and tranquilize the mind. Neiguan (PC-6) and shenmen...
(HT-7), when used in combination, can nourish the heart, tranquilize the mind, improve the qi and blood circulation, and remove the obstruction from the channels. Taichong (LV-3) is very important for promoting qi activities. In summary, the present acupuncture treatment can regulate the functions of the nervous system, and make a balance between the excitement and inhibition process of the cerebral cortex.

A somewhat similar protocol was developed by a team from the Tianjin College of Traditional Chinese Medicine that was invited to Germany to treat patients with depression (17). The main points included renzhong (GV-26) and neiguan (PC-6), with the additional head points shangxing (GV-23), yintang (M-HN-3), and baihui (GV-20). Supplemental body points might be selected according to particular syndromes defined by the traditional system; thus for liver fire syndrome, taichong (LV-3), xingjiao (LV-2), and fengchi (GB-20) would be added.

In a report on treatment of anxiety neurosis (18), the primary therapy involved needling renzhong (GV-26), neiguan (PC-6), baihui (GV-20), and sanyinjiao (SP-6). Additional points were used for specific symptoms; for example, for those who had excessive display of emotionalism, several points named for treatment of shen disorders were used: shishencong (M-HN-1), benshen (GB-13), shenting (GV-24), shentang (BL-44), and shenzhu (GV-12).

Supplementing Acupuncture Therapy

In China, needling is performed daily or every other day, and at least 30 treatments within a period of about two months is typical for a course of therapy that leads to notable improvements in many, but certainly not all, of the patients. The authors of some studies pointed out that acupuncture was not considered sufficient by itself. In the above-mentioned report on anxiety-neurosis, the authors pointed out that:

In the clinical treatment of melancholia, psychological treatment can never be ignored. After listing attentively to the patient and making analysis of the external and internal causes, the doctor should try to help the patient find out the psychological factor and tell the patient that this disease is a functional disease and curable, in order to encourage the patient to overcome psychological obstacles and thus to raise the therapeutic effects.

In addition, herb therapies are often used for the patients, not only as an adjunct to acupuncture, but as a follow-up after an intensive course of acupuncture therapy has been completed. The use of herbs is complicated by their apparent similarity to drugs. The next four chapters explore the concepts that herbalists utilize in analyzing shen disorders and the commonly used herbs and formulas.
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